

DEALER CONTACT: _____

PURCHASE DETAILS: _____

LOAN AMOUNT : _____

PURPOSE : _____

PERSONAL STATEMENTS		APPLICANT	CO-APPLICANT
Social Insurance Number			
Legal Name (First, Middle, Last)			
Address			
Telephone Number			
Date of Birth (DD-MMM-YY)			
EMPLOYMENT DETAIL	Name		
	Address		
	Seniority Date		
	Occupation		
INCOME:	Gross Monthly Pay		
	Other Income Details		
	Support Payments Paid / Received		
	Prev. Employer / Length of Service		

DETAILED PERSONAL STATEMENT OF NET WORTH

ASSETS			LIABILITIES			
Housing			CREDITORS	LIMITS	PAYMENT	AMOUNT OWING
	Mortgage Balance:					
	Home Resale Value:					
	Monthly Rent or Mtg Payment:					
	Monthly Property Taxes:					
	Monthly Heat & Hydro:					

Have you or your Co-Applicant ever declared Bankruptcy?

 INITIAL : _____

Do you have any judgments or Legal Proceedings against you?

 INITIAL : _____

Are you indebted to Revenue Canada (personal or business)?

 INITIAL : _____

Have you or your Co-Applicant ever entered into a Consumer Proposal?

 INITIAL : _____

I/We am/are not indebted to any other Credit Union, Bank, Loan Agency, Store, Merchant or Persons either as Maker or Endorser except as stated. The undersigned is not indebted to Canada Revenue Agency and authorizes KCU to obtain such personal or credit information as Kawartha Credit Union Limited may require at any time from Canada Revenue Agency or any other entity in connection with the credit hereby applied for or any renewal or extension thereof, and further consents to the disclosure of any information concerning the undersigned to any credit reporting agency, or any person with whom the undersigned has or proposes to have financial relations.

I understand that to evaluate my credit application and to continue monitoring my credit status, and for the purposes I have consented to on the Personal Information Consent Form, a Personal Information file containing credit and other personal information will be created. Only those whose job functions involve assessment of credit worthiness, credit applications, monitoring and processing of payments, will have access to my file. If I wish to consult my file or make corrections to it, I may do so by written request to the Privacy Officer at the designated address.

Dated at _____ Ontario, this _____ day of _____.

Permission for KCU Representative to call Applicant? _____ (Applicant Initial)

Applicant's Legal Name: _____ Co-Applicant's Legal Name: _____

Applicant's Signature: _____ Co-Applicant's Signature: _____